

Registration District No. **547**

Primary Registration District No. **3029**

1. PLACE OF DEATH  
(a) County **Marion**  
(b) City or town **Stambaugh, Mo.**  
(c) Name of hospital or institution **St. Elizabeth's Ho**  
(If outside city or town limits, write "RURAL" and name of township)  
(If out in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **3 days**  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **Shelby**  
(c) City or town **Shelburna, Mo.**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Wilber Gene Fuqua**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased **January 4<sup>th</sup> 1927**  
(Month) (Day) (Year)

8. AGE: Years **15** Months **4** Days **11** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Bethel Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **Bryant Fuqua**  
13. Birthplace **Bethel Mo.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Stella Pruitt**  
15. Birthplace **Steffersville Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Ruby Fuqua**  
(b) Address **Shelburna, Mo.**

17. (a) **Burial** (b) Date thereof **5-17-1942**  
(Burial, cremation, or exhumation) (Month) (Day) (Year)

(c) Place: burial or cremation **Shelburna, Mo.**

18. (a) Signature of funeral director **William R. Barcelow**  
(b) Address **Shelburna, Mo.**

19. (a) **5-15-42** (b) **R. W. Connor**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **15** year **1942** hour **7** minute \_\_\_\_\_ A.M.  
21. I hereby certify that I attended the deceased from **May 12** 19**42** to **May 15** 19**42**  
that I last saw him alive on **May 15** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Tuberculosis meningitis**  
Due to **Pneumonia**  
Due to \_\_\_\_\_  
Other conditions **Pneumonia etc**  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature **John M. Keenan** (M. D. or other) \_\_\_\_\_  
Address **1001 Belmont St. Mo.** Date signed \_\_\_\_\_

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

4  
3  
4

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Henry A. Bartelme  
Licensed Embalmer No. 3835  
P. O. Address Shelburne, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**